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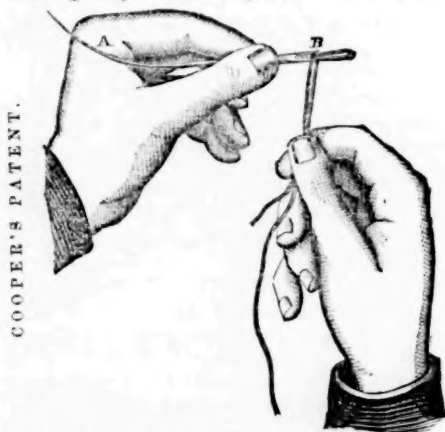
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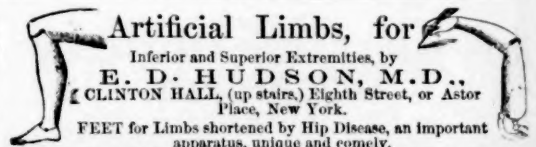
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Didiot, P. A.—Code des officiers de

sante de l'armee de terre, ou traite de droit administratif d'Hygiene et de Medecine legale militaires. 1 thick vol. 8vo. Paris, 1863. 15fr. To be issued in two parts—one part now published, the other to appear immediately.

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Original Lectures.

REMARKS ON THE MUMMIED HEADS

TAKEN FROM THE JIVARO INDIANS OF ECUADOR,
WITH AN ACCOUNT OF THE VARIOUS MODES OF EMBAL-
MENT,
BEING AN ABSTRACT OF A PAPER READ BEFORE THE AMERICAN ETHNO-
LOGICAL SOCIETY.

By J. KING MERRITT, A.M., MD.,
OF NEW YORK.

PART II.

THE question now arises—That if these mummifications are adult human heads reduced to pigmy size, what was the process adopted by which this was accomplished? We know from the writings of Herodotus and Diodorus Siculus that the processes of embalming practised by the Egyptians were elaborate and complicated; also that all the mummies ever found or alluded to were of the entire person, excepting the internal organs, and that the external soft parts were invariably impregnated with foreign substances as preservatives. It is thought, however, that the real method of embalment is not easily comprehended by us moderns, for some doubt the possibility of removing the brain through the nostrils, and others have supposed that the intestines were not removed at all. But it is a general conclusion that there were two principal processes adopted by the Egyptians, by which in one case the whole members, features, and expression were preserved entire, and in the other and more general operation, the flesh was consumed, and nothing except the skin and bone were retained. Examples of the former are not now extant, but there are two kinds of mummies still obtained in Egypt. Those in a dry, indurated state, completely impregnated with resinous matter, which, from its hardness, may be broken in pieces; and those which, with their envelopes, are soft and yielding upon external pressure, and prepared with very little resinous matter, and with nothing but vegetable mould in the cavities. Although the flesh unquestionably was in certain cases preserved, it seems probable that the body was more usually reduced to a skeleton and boiled in the resinous and antiseptic mixture which was invariably used. The Garunches of the Canary Islands practised embalment quite extensively. Their history is involved in great obscurity, and their existence is best proved by the remains of the dead, for their posterity has been for many years almost, if not entirely, extinct. "Their mode is supposed to be, for it is not explicitly known, as follows. Apparently the brain and intestines were removed entirely, then the body was washed in an infusion of pine-bark; next, it was anointed with butter, or warm grease, impregnated by boiling with such odoriferous herbs as grew in the country, and afterwards the body was exposed to the sun. When the body became well dried the same operation of anointing was repeated. These alternate operations of anointing and drying in the sun were practised until the body was thoroughly impregnated with the aromatic ointment, and was reduced to a very light weight. Then the body was wrapped in an envelope of three layers, which were composed of bandages of tanned buck or goat-skin, three inches broad. The bodies thus embalmed have been found in the caves in the mountains, occupying niches in the rocks. One that was recently examined presented the features of the face quite perceptibly, the skin of the whole body well preserved, dry, but pliant, and of a deep brown color. *The hair was very long and black, but easily detached from the scalp.* Thirty-two teeth were found in the jaws, and so firmly fixed as to require a dental instrument to remove them. The back and belly were covered with hair; the skull was empty, but the cavities of the thorax and abdomen were full of a grain resembling rice." "At Nukahiwa, one of

the Marquesas Islands, it is said that embalment is practised at the present day. The process is as follows:—The body is washed and laid on a platform, and then constantly rubbed for nine months with cocoa-nut oil to repel the putrefaction. From this continued application of the oil and accompanying friction the body becomes hard as stone, and quite incorruptible. At the expiration of a year the friends of the deceased partake of a feast, during which they thank their gods that he has been permitted to arrive at the other world. After the feast the body is broken up into small pieces and packed in a box, and carried to the burying-ground, which is styled 'Morai.' Capt. Cook, in his Voyages, states that the Otaheitan preserve the bodies of their chiefs a long time for public exposure. They accomplish this by taking out of the abdomen the intestines, and then stuff the cavity with cloth. After this they lubricate the body freely with cocoa-nut oil. At Palermo the bodies of those of high rank have been preserved in catacombs near the city for centuries by the simple process of desiccation. The body is dried in a stove heated by a composition of lime. The flesh of these mummies is dried hard, and shrunken on the bones, but the contraction and distortion of the features exhibit hideous pictures of mortality. The old Spanish writers state that the ancient Peruvians preserved the bodies of their dead by a simple process, very unlike the elaborate embalming of the Egyptians. According to these writers, the Peruvian method consisted in *exposing the body to the action of the cold, exceedingly dry, and highly varified atmosphere of the mountains.* Such, indeed, seems to be the opinion of Garcilasso de la Vega, though some writers speak of resinous and other substances having been used for embalming the body, as, for instance, Acosta declares, "that one of the sovereigns of Peru was so well preserved by a kind of rosin, that his body seemed alive." The appearance, however, of one of the royal mummies found at Cuzco, as reported both by Ondegardo and Garcilasso de la Vega, makes it probable that no foreign substance was employed for their preservation. Prescott, in speaking of the embalmed bodies of the Incas in the Great Temple of the Sun at Cuzco, says, that "they sat with their heads inclined downwards, their hands placidly crossed over their bosoms, and their countenances exhibiting their natural dusky hue, which was less liable to change than the florid complexion of the European. Their hair was raven black, or silvered over with age, according to the period of life at which they died. It seemed like a company of solemn worshippers fixed in devotion, so true were the forms and lineaments of life. The Peruvians cherished and venerated these relics of their Incas, and as they were carried through the streets, decently shrouded with a mantle, the Indians threw themselves on their knees in sign of reverence, with many tears and groans. Also on certain festivals the revered bodies of their sovereigns were brought out with great ceremony into the public square of the Capitol. Invitations were sent by the captains of the guard of the respective Incas to the different nobles and officers of the Court, and entertainments were provided in the names of their masters, which displayed all the profuse magnificence of their treasures. The banquet was served by menials of the respective households, and the guests partook of the melancholy cheer in the presence of the royal phantom, with the same attention to the forms of courtly etiquette, as if the living monarch had presided." The Peruvians secreted these mummies of their sovereigns after the conquest, that they might not be profaned by the insults of the Spaniard. Garcilasso de la Vega saw, in 1560, the five mummies discovered by Ondegardo in Cuzco, and thus speaks of them: "They were dressed in their regal robes, with no insignia but the 'Llautu' on their heads. They were in a sitting posture, and perfect as life, without so much as a hair or an eyebrow wanting." Now, in all of these accounts of the different processes of embalming, and of the conditions and appearances presented by the various mummies of both hemispheres, do we find anything analogous to these

diminutive Macas heads? None of the processes described suggest the idea of great shrinkage, except that of simple desiccation. In the case of the mummies at Palermo the soft parts are greatly shrunken, but they are equally distorted. How much of this distortion is owing to the presence of the unyielding osseous frame, and the application of artificial heat, which produced rapid desiccation, and how much more the shrinkage might have been if the bones were entirely removed, I am not prepared to say; still, it is my opinion that these circumstances were the causes of the distortion to a great extent, and that the shrinkage would be greatly increased by the removal of the bony attachments. Now, if the Peruvian method of *slow desiccation* is duly considered *with the perfect results alluded to*, we may reasonably presume, that if the bones of the body should be removed, a regular and uniform shrinkage might occur without much distortion; still, there is a limit to this, and beyond this limit of shrinkage, if urged by any process, I am disposed to think distortion would occur. Therefore, I conclude, that if the very slow process of desiccation be adopted by the exposure to the well known atmospheric conditions existing on the altitudes of Peru and Ecuador (one of the influences of which is to repel *naturally* the putrefactive tendency in dead animal tissues), contraction of the soft parts would be produced regularly and smoothly, if not interfered with from unyielding osseous attachments, and as this is limited, consequently I am forced to think that the Macas heads originally were exceedingly small, and have been preserved and reduced to their present size by the *simple process of slow desiccation*, *there being no evidence of impregnation of the tissues with resinous or any other foreign substance*. In reference to the fact that their configuration has been maintained so perfectly, I think this can be explained in this way: the manipulator has, by the simple process of stuffing the cavities after the removal of the bones with some pliable and elastic material, prevented the soft walls of the head and face from collapsing—a result not difficult, if we admit that the tendency to distortion is comparatively slight under the process of *very slow desiccation*. And after the tissues have become somewhat stiffened by the desiccatory process, then by persistent manipulation the outlines have been fashioned after the prevailing taste, which was, as we are told, to exaggerate the natural peculiarities obtaining to the cranial developments of the race. The next question for consideration is—Why were *the heads only* thus preserved, and to whom did they belong? We will recollect that in the accounts given of mummies there is no allusion made to the preservation of the heads either alone or separate from the body. There is an approximation to the idea in the custom said to be practised by the Indians at Fort Mulgrave on the North West Coast, and some other neighboring tribes. They decapitate their dead chiefs, and place the heads in a box by themselves. This singular custom also prevails in some of the South Sea Isles, as the Ladrone, and Society, and Gambier groups. But none of these Indians appear to practise the art of preserving the bodies or heads of their dead as mummies. It therefore appears to me that these Macas heads are the mummified trophies of war; that they are the heads of warriors slain in battle, and were preserved by the victorious combatant, as the North American Indian does the scalp of his fallen enemy. There are several reasons for this conclusion, which I will enumerate. First, the unnatural and unprecedented character of the custom, which would decapitate and mutilate the body of a cherished friend, or highly respected person, for the sole purpose of preserving a portion of it to be worn about the person. Second, the fact of the existence of the perforations through the vertex of the scalp from which the heads were suspended, and evidently made for the purpose of *facilitating the habit of wearing* these heads attached to a loop around the neck of the victor, as demonstrated by *the hair being worn away by friction* around the edges of these perforations. Third, the irregular openings through the cranial

walls, which are located in the right temples of both heads, are most probably battle wounds, for they differ in character from the other linear openings through the facial walls which have been made apparently for the purpose of extracting the inner parts, and afterwards closed by sutures. Likewise the conditions of the edges, and the tissues in the vicinity of these irregular openings, are indicative of such a supposition, as previously explained. Lastly, the color of the hair having been changed to the rufous hue, which is known to occur rather from the exposure to the weather than from the longest period of inhumation.

In reference to the resemblance of the curious appendages from the mummied heads to the Quippus of the Ancient Peruvians, as described by numerous authors, it seems to me that they are imperfect attempts to imitate the originals. The Quippus are said to have been composed of twisted wood, and consisted of large cords, which were the bases of the documents; to these base-cords were fastened threads, more or less fine, which were attached in a peculiar manner, and were knotted or intertwined in an established order to express ideas, events, or numbers. The size of the Quippus varies; sometimes the base-cord is five or six yards long, at others it is not more than a foot; the pendent strings or branches rarely exceed a yard in length, but are generally shorter. The different colors of the threads have different meanings also; thus, red signifies war or a soldier; yellow, gold; white, peace; green, wheat or maize, etc. In the arithmetical system a single knot means 10; a knot doubly intertwined, 100; triply, 1000. Not only are the color and knots to be considered, but even the mode of twisting the threads, and particularly the distance of the knots from the base-cord, are important to a proper understanding of the Quippu. In every city of any note there was an officer, styled Quippu-Camayoc, whose business it was at all times to knot and decipher these documents, and in course of time this became so perfect a science that those skilled in it attained to the art of expressing by knots historical events, laws, and decrees. But notwithstanding their skill, whenever a Quippu came from a distant province it was necessary that it should be accompanied by a verbal commentary sufficient to indicate at least the subject matter of which it treated; and the Quippus which related to the same subject were always preserved together in certain repositories, that there might be no risk of error by mixing or changing them. Repeated attempts made in modern times to read the Quippus have proved failures, because of the difficulty of deciphering them without a verbal commentary to explain the subject matter of these documents. And this especially applies to those found in the "Huacas." Besides, the art or science of the Quippu language appears to have been lost to a great extent by the modern Peruvian, although it is thought that there are still in the Southern Provinces of Peru, Indians who know how to decipher these intricate memorials, but they guard their knowledge as a sacred secret inherited from their ancestors. Now, in conclusion, I am disposed to think that the configuration of the lips, and the perforations through them, which no doubt date from the earliest history of the mummification, are indicative of having been produced by the attachment of a Quippu, which perhaps chronicled the history of the trophy; and that the degenerate descendant of later times has, in order to perpetuate the original tradition expressed by the lost Quippu, attempted to supply its place in the imperfect mode which his diminished intelligence dictated.

34 W. 40th st., New York City.

M. A. DUMONT, a young French physician, has sought and obtained permission to go to Mexico to study the yellow fever, which is decimating the French soldiers there. The Government minister has requested the Academy of Medicine to give their young *confère* some useful instructions as to how he may best employ his talents in the study. —*Brit. Med. Jour.*

Original Communications.

RESULT OF SOME EXPERIMENTS PERFORMED UPON THE LIVER OF A MAN WHO DIED IN THE ALBANY HOSPITAL, SIX HOURS AFTER HAVING BEEN INJURED ON THE HUDSON RIVER RAILROAD.

By HOWARD TOWNSEND, M.D.,

PROFESSOR OF PHYSIOLOGY, ALBANY MEDICAL COLLEGE.

THE patient was a stalwart, healthy German, about forty-five years old. By the accident, which occurred about noon, his pelvis was fractured in several places. When brought into the hospital he was in a state of collapse; pale, almost blue; cold; no pulse at the wrist. Though extremely prostrated, his mind was clear, answering all questions properly. Some brandy and water was given to him, which he swallowed, but soon ejected. He never rallied from the shock of the accident, dying between six and seven in the evening of March 30th.

The autopsy was performed at nine o'clock the following morning in the amphitheatre of the hospital by Professor Armsby, the students from the college being present.

The thoracic viscera were healthy, excepting a small tubercular deposit at the apex of the right lung. The abdominal viscera were also healthy. The pelvis was fractured at the pubes, its rami moving as though there were no connecting ligament. Excepting the fractures of the pelvis, and some effusion of blood into its cavity and between the glutei muscles, everything was normal.

Having already demonstrated to the class at the college the glycogenic function of the liver by means of a sheep's liver, which he had upon the operating table some four hours after the animal was killed, proving the sugar in it by means of the cupro-potassique test of Bernard, I was anxious to show the sugar in the human liver, which is a rare circumstance from several reasons. Among them the difficulty of obtaining a healthy human liver, only to be obtained after executions or death by accident, and the liver in disease will exhibit no sugar.

We were not successful in obtaining sugar. Still the result of the experiment may even in a negative manner prove instructive, and perhaps interesting.

One-fourth of the liver was taken, washed, to remove all the blood possible, and then chopped into a pulaceous mass, which with a little water was boiled in a porcelain vessel for half an hour, to coagulate the albumen and concentrate the liver juice. The mass was then thrown upon a filter, the fluid which filtered through was again filtered through animal charcoal, when a clear opaline fluid was obtained—pure liver juice, a portion of which juice was boiled in a test-tube over a Bunsen's lamp, with the cupro-potassique test, prepared according to Kletzensky's formula. Which is as follows:

- 4 parts solid caustic potash,
- 3 " glycerine,
- 2 " saturated sulphate of copper.

No change of color, and no deposit took place, which would have occurred had there been glucose of the liver juice; then instead of retaining the rich blue color of the test, it would have changed to a reddish fawn color with a deposit of protoxide of copper, because of the powerful affinity of glucose for oxygen, deoxydating the deutoxide of copper, and throwing it down as a protoxide. Thinking that perhaps the glycogene might be there, not yet changed to glucose (which change will occur by contact with any of the animal ferments), we mingled the liver juice with some saliva, and then subjected it to the cupro-potassique test, but with the same result, the fluid remaining deeply blue. This cupro-potassique test is so delicate that we did not think it necessary to resort to Trommer's or any of the more common tests.

This same test had been entirely successful with us in the experiments upon the sheep's liver, at which experiment we also proved the absence of sugar in the lungs of the same animal, the test remaining blue with the lung juice, whilst it changed to a reddish fawn color depositing protoxide of copper with the liver juice.

The glycogenic matter of the liver in its ultimate composition is, according to Mr. Pelouze, as follows:— $C_{12}H_{12}O_{12}$, while cane sugar is $C_{12}H_{22}O_{11}$, grape sugar, or glucose is $C_6H_{12}O_6 + 2 H_2O$. Though the result of this experiment was not such as we had desired, still it is not discouraging, for perhaps it can all be explained by the following remarks which I have extracted from Bernard's *Leçons de Physiologie Semestre d'Hiver 1854-55*.

"During severe maladies, particularly acute ones, the nutritive functions are seriously impaired, the function of the liver ceases, producing no more sugar.

"By cutting the pneumo-gastric nerves we have arrested the production of sugar in the liver of a animal from which we had obtained the sugar previous to the experiment.

(Might not the shock with our patient have had a similar effect in arresting the sugar development in his liver?)

"As to the presence of sugar in the liver of man, it is evident that in the greatest number of cases where it has been sought after, it was impossible to detect it." (Page 182.)

And in the summary of his experiments Mr. Bernard makes the following statements:—

"The glycogenic function undergoes oscillation like all of the secretions, particularly those connected with the organs of digestion.

"It is more active at the moment of digestion.

"It diminishes in the intervals.

"It can disappear at the end of prolonged fast.

"External influences have their effect upon the secretion of sugar. Cold causes it to disappear, if the cold be intense. The action of the nervous system influences the function materially, either to increase it, to diminish it, or check it."

Now, certainly two of these circumstances were exercising their influence upon our patient—the shock of his nervous system, and a prolonged fast—his stomach was empty, having eaten nothing since his breakfast, and the autopsy proved it.

REMARKS ON THE TREATMENT OF HARE-LIP,

By DAVID P. SMITH, SURG. VOLS.,

SURGEON IN CHARGE OF FAIRFAX SEMINARY HOSPITAL.

THERE is perhaps no operation in which accuracy of adjustment is more required than in the operation for hare-lip. Upon the mechanical nicety of the paring of the edges, and the introduction of the pins or sutures, depends the personal appearance of the patient for life. In the case of a fine talented young man, upon whom I recently operated for cleft palate, the hare-lip accompanying the last named deformity was made, by the mal-adroitness of the surgeons, to require three operations in early life before decent adjustment was effected. I saw a year or two ago a young gentleman of first rank in New York, who consulted me on account of the great deformity which remained after a similar operation which had been performed in early infancy. A child aged five years was recently brought to me with great deformity remaining after the operation for hare-lip. When we consider the very bad effect that the consciousness of deformity has upon the mind of a sensitive child, it may perhaps be thought worth our while to adopt some method that will insure good results. Such I believe to be the one which I will endeavor to explain in as brief a manner as possible.

I conceive that

1st. The hæmorrhage should be reduced to a minimum.

2d. The paring of the margins should be done in a manner that will prevent any notch in the free margin, and

will also enable the incision to be exact in spite of the strugglings of the infant.

3d. Insertion of the needles or sutures should be rendered mathematically exact.

4th. The time occupied should be reduced to a minimum. The experience of the profession has furnished principles that will be sufficient to enable us to carry out the above indications, if we will but seek. Take two of the forceps invented a few years ago by Dr. Alden March of Albany; provide them with catches like artery forceps, and have transverse lines marked upon them at distances of a quarter of an inch, so that a means may be furnished of exactly and rapidly determining the situation of the sutures. I modify the method of operating by applying these two exactly similar forceps, one to each side of the cleft, fastening them there by the catch, introducing the sutures about half an inch from the margin of the forceps, exactly opposite the transverse lines, and finally cutting away the margins of the cleft inclosed in the forceps. Nothing now remains to be done but to close the cleft, which, on account of the mechanically exact introduction of the sutures, is effected instantaneously. Metallic sutures being used their prior introduction does not expose them to the danger of being cut. According to Lisfranc's method I would not at the labial margin entirely sever the portion pared from the margin of the cleft, but would suffer it to remain on each side, until the cleft being accurately adjusted these *parings* may be shortened to suit, a suture being passed through them, forming a decided V-shaped projection downwards. I deem this precaution necessary in addition to curving the lines of incision after the manner of Celsus, because I never yet saw any one years after the operation in whom an unseemly notch did not exist.

I forward to you these few remarks concerning this common operation, written two or three years ago, because recently a soldier was admitted into this hospital with an untouched hare-lip, and the operation I did for his comfort brought the subject vividly before my mind.

DAVID P. SMITH, Surg. U.S.V.

DO COMPOUND FRACTURES OF THE SHAFT OF THE FEMUR,

MADE BY CONICAL LEADEN BULLETS ALWAYS DEMAND AMPUTATION?

By JOHN T. HODGEN, SURG. VOLS.,

IN CHARGE OF CITY GENERAL HOSPITAL, ST. LOUIS, MO.

I AM induced to give some of my experience in gunshot fractures of the os femoris by reading an article from the pen of David P. Smith, Surg. U.S.V., found in the AMERICAN MEDICAL TIMES of March 7, 1863, in which he urges the importance of amputation in the following language:—"From dissections of such injuries after they were removed by amputation, I was, however, enabled very early to recognize the hopeless nature of such cases if left to themselves." Dr. Smith and myself have seen such cases under widely different circumstances—he on the battle-field, and I in the hospital, after they had been removed thither hundreds of miles—and we have (naturally, perhaps) come to widely different conclusions. At this hospital we have received wounded from Springfield, Mo., Lexington, Mo., Fort Donelson, Tenn., Pittsburgh Landing, Tenn., (Shiloh), Corinth, Miss., Iuka, Miss., Pea Ridge, Ark., Prairie Grove, Ark., Vicksburg, Miss., Arkansas Post, Ark., and other places, in all sixty-five cases of gunshot fractures of the femur, and not one amputation has been performed for such injuries. In several instances I have removed spicula of bone six inches long, this sufficiently attesting the extent of shattering.

Every experienced surgeon knows that amputations after severe injuries from railroad accidents are far more fatal than when a conservative course of practice is pursued. So well is this established, that amputations under such

circumstances are rare. Why should not this rule of practice be observed in compound fractures of the femur from gunshot wounds? A knowledge of this fact in connexion with the time required to transport patients (being from six to fifteen days) to this hospital, determined me to pursue a conservative course. The time for successful amputation having passed, it was thought better to allow the patients a chance of recovery without amputation, rather than to further imperil life by this operation. Since the 20th day of September, 1861, there have been received at this hospital sixty-five cases of gunshot fractures of the shaft of the os femoris. Of these eighteen have died, four remain under treatment (two of whom are walking with canes, the other two in a fair way to recover), and forty-three have recovered and left the hospital with good limbs, except one, and that one has a limb far better than "Palmer's Best" substitute.

It will be observed that the percentage of mortality is less than twenty-eight, thus giving better results so far as life is concerned than amputation of the thigh would do, besides preserving useful limbs.

These injuries were not all inflicted by conical leaden bullets, a part being by grape, canister, and the round leaden bullet. The number by each I do not know, as the balls often passed through and were lost, so that their character cannot be known.

From my observation I would say gunshot fractures of the shaft of the femur made by conical leaden bullets *do not* demand amputation, except when associated with injury of the nerve or artery. True this conservative course robs the battle-field and the hospitals of much of their attractive power for the surgeon, and under its rule the brilliant operation of dividing a human being in his middle by amputation at the hip-joint in ten seconds would be less frequently performed.

The above statistics are startling to surgeons who have seen the terrible work done by the conical leaden bullet, and they will naturally cultivate a feeling of incredulity, but to my mind these recoveries are not so incredible as that sixty-five men thus wounded should have escaped mutilation at the hands of those humane, patriotic, and time-sacrificing surgeons, who, "by order" or without it, flock to the battle-fields (some days after the fight), who swarm on transports, and who rush to hospitals to gratify (without charge) a morbid thirst for capital surgical operations.

Reports of Societies.

UNITED STATES ARMY MEDICAL AND SURGICAL SOCIETY, OF BALTIMORE.

STATED MEETING, Feb. 19, 1863.

SURGEON C. C. COX, U.S.V., PRESIDENT, IN THE CHAIR.

[Reported by DR. GEO. H. DARE, Acting Asst. Surg., U.S.A., Secretary.]

(Concluded from page 199.)

CONSERVATIVE TREATMENT IN GUNSHOT FRACTURES.

DR. GEO. H. DARE spoke briefly from recollection of three cases of gunshot fracture of the humerus, illustrative of the success attending conservative treatment in gunshot injuries at that bone.

For the more detailed reports which follow, he is indebted to Dr. Waters, who furnished him with notes.

I.—Henry H. Wareham, Private, Co. A, 11th Regt. Penn. R. C., aged 20 years, was wounded through the middle of the arm, at the battle of White Oak Swamp, June 30th, 1862. He walked a mile to a field hospital, where his wound was bandaged. July 13th he was captured by the Confederates, and sent to Richmond, where he endured the usual hardships at the Libby prison until he was paroled and sent to Baltimore. Was admitted into the United States Army Hospital, Camden st., Bal-

timore, July 25th. A musket ball had passed horizontally through the right arm from behind forwards, fracturing the humerus in its middle third. Lateral splints were applied for the first time, and cold water dressings. Aug. 2d.—Union not having taken place the fractured extremities were resected, about two inches of the bone being removed. The elbow was afterwards well supported, but it was found impossible to keep the ends of the bone in immediate apposition, the finger for a long time could be passed between them. Notwithstanding this difficulty, within two months union at first of a cartilaginous or lymphatic nature had taken place, and in this osseous matter was gradually deposited. A fistulous orifice continued in front, and some dead bone being detected with the probe, the orifice was expanded January 22d, and several small sequestra, entirely detached, were removed. Osseous union was ascertained to be perfect. Feb. 6th.—There is still a trifling discharge from the anterior opening. The man can take off his cap without difficulty. Some stiffness of the muscles exists, which is rapidly passing away. There is every probability of his regaining almost perfect use of the limb.

II.—John Hilberg, Corp., Co. F, 5th Md. Vol., aged 23 years, a native of Germany, by occupation a dresser in a cotton factory, of bilious temperament, was wounded at the battle of Antietam, Sept. 17th, 1862, while facing the enemy and in the act of firing his gun. He proceeded immediately to a neighboring hospital. He remained there two days, and on the nineteenth walked from Kiddyville to Frederick city, a distance of twenty-three miles, being twenty-six hours on the journey, remaining there all day and continuing his journey to Baltimore in the cars. Was admitted into the hospital Sept. 21st. A minié ball entered an inch and a half above the anterior fold of the axilla, and one inch from the margin of the glenoid cavity, passed downwards, backwards, and outwards, fracturing the bone at its neck, and extensively comminuting the shaft, and lodged under the integuments on the outer aspect of the arm, six inches below the joint. It was extracted from this situation the day of his admission. Sept. 3d. The arm was immensely swollen near the point of injury, the tissues livid, and the pus accumulated in quantity. A free incision six inches in extent was carried quite through the integuments down to the muscles, which speedily relieved the strangulation, and contributed much to the comfort of the patient. A light poultice of bread and yeast was applied for a few days, when the engorgement being reduced, and the healthy action of the vessels restored, water dressings were applied for two weeks, the arm in the meantime being sustained simply by a bandage. At the expiration of this time lateral splints were applied, and the forearm sustained in a sling. In two months union had become firm, and the discharge, at no time profuse, subsequent to the first few days after his admission was greatly diminished. Feb. 6th, 1863.—The discharge has ceased. Union is firm, without superabundance of callus. The contour of the arm is natural, and the tissues healthy in appearance. Although the patient has not yet recovered the perfect use of the limb, especially in its complete elevation above the level of the shoulder, the entire facility with which he executed many movements of it renders it quite certain that only a short time will elapse before he will use it as ever he did.

III.—Lewis Schroeder, Corp., Co. E, 1st U.S. Artillery, thirty years old, a native of Germany, tailor, of nervo-sanguine temperament, was wounded in the seven days' fight, June 30th, 1862, while in a stooping position elevating his gun. He was supported to a farmhouse in the rear. He experienced no pain at the moment of being wounded, and was not aware of the fact until he observed the blood dripping from his hand. The ball was extracted the same day. An apparatus was employed, but the arm above the wound was bandaged, and the wound kept wet with cold water. He remained in the hospital eight or

ten days, and was then taken to Richmond in a farmer's wagon, fourteen miles over a bad road, suffering much on the journey. He remained in Richmond fifteen days, with no change of dressing and no surgical attendance. At the expiration of that time he was forwarded to Baltimore. He was admitted into the National Hospital July 25th, his general condition at this time being good. A minié ball entered the front of his right shoulder midway between the joint and the angle of the axilla, passed downwards, outwards, and backwards, comminuting the bone at its neck, and lodged under the integument posteriorly three inches below the point of entrance. It was removed by the regimental surgeon the same day. Several fragments were removed with the dressing-forceps after his admission into this hospital. Aug. 24th.—Union not having taken place from the freeness of the discharge, it being apprehended that such would not occur, he was taken into the operating-room to have the head of the humerus with the upper extremity of the shaft excised, but becoming alarmed by the loud outcries of a patient who had just undergone an operation and was recovering from the influence of chloroform, he refused obstinately to have the operation performed, although advised to it by a number of surgeons present, all of whom agreed, after careful and thorough manipulation of the injured limb, that the bone was fractured into the joint. As he appeared quite comfortable, subsequently nothing further was attempted, although on several occasions he signified his willingness to undergo the operation. Owing to circumstances the operation was postponed from time to time, until four weeks subsequent to his visit to the operating-room, the attending surgeon on examining the arm found that union had unmistakably taken place. The patient had suffered an attack of erysipelas prior to August 24th, and had been sent in consequence to the ward appropriated to the treatment of that disease. Oct. 30th.—Union is perfect, with some superabundance of callus. The discharge from both orifices still continues in moderate amount.

The movements in the shoulder-joint are but little impeded, the patient permitting the arm to be moved freely in almost any direction, and to be raised without much difficulty to a horizontal position. The indications are favorable to the recovery of every natural movement of the limb.

The Society then adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, NOV. 26, 1862.

DR. T. C. PINNELL, PRESIDENT, IN THE CHAIR.

(Concluded from page 188.)

WAXY LIVER.

DR. CLARK first exhibited a specimen of waxy liver. The subject of the fine specimen, a woman, was admitted into Bellevue Hospital on a certain evening last week, and without being considered in a sufficiently dangerous condition to warrant any thorough examination, died early the following morning. Her previous history under the circumstances unfortunately was not obtained. On post-mortem examination, a tolerably well marked waxy liver was found. The tissue of the organ, examined under the microscope, showed the existence of the characteristic cells, which appear, however, more like solid bodies. There is no nucleus in these so-called cells, but a few have in their centre a shining point, evidently composed of fatty matter. Dr. Clark remarked that, notwithstanding it had been said that these cells were transformations of the healthy tissue of the organ, he believed that the opposite was the case. An attempt had been made by Dr. Clark on the evening previous to ascertain if the structure would answer to the reaction of the amyloid matter, but no results were obtained, and it was supposed that the tests employed were not sufficiently delicate. The liver did not seem to have undergone the degeneration equally in all its parts. The

weight of the organ was about six pounds. In concluding the history of this specimen Dr. Clark stated that it had been asserted that the waxy degeneration of the liver occurred in persons who were of scrofulous constitutions, and who having had syphilis had been treated with mercury until the symptoms of mercurial poisoning predominated. He had met with three or four instances in which that condition of the system was associated with the lesion in question. The liver not being much enlarged, there was only a moderate amount of effusion found in the abdominal cavity.

CAMP DIARRHOEA.

DR. CLARK next exhibited portions of intestines removed from soldiers who had died in Bellevue Hospital from the chronic diarrhoea contracted in Virginia. He only wished to show the specimens in a recent state, and to make a few general statements in reference to the character of the disease as observed in ten post-mortem examinations. The detailed account of the different cases he preferred to reserve for another occasion. When the first cases of this diarrhoea had presented themselves, he expected to find the same lesions after death which had characterized the chronic diarrhoea contracted by our soldiers during the Mexican war, viz. ulcerations of the mucous membrane. He was, however, very much surprised to find that such was not the case. The mucous membrane, in the majority of instances, presented an abraded appearance, as if an acid matter had been applied with a brush, only removing the epithelial scales. All the intestines examined gave an irregular and extraordinarily red injection, and in several instances there had been observed spots of ecchymosis in the colon. In one specimen there were noticed slight ulcerations in the mucous membrane of the large intestine, mostly in its upper portion, each spot being surrounded by a layer of lymph. The mesenteric glands were very much enlarged in every case examined, the kidney also had undergone some change, the majority being that form of Bright's disease associated with fatty deposit.

INSIDIOUS PERI-ENCEPHALITIS—MANIA—EPILEPSY—DEATH DURING CONVULSIONS.

DR. G. T. ELLIOT presented the medulla oblongata and a portion of the cerebellum removed the evening before from the body of a gentleman, a friend of his, thirty-five years of age. The history of the case was substantially this:—The patient was a strong, robust, and healthy looking man, married, and the father of three children, and up to a few days before his death had generally enjoyed good health. He had, however, from his earliest childhood been afflicted with attacks of epilepsy, but this fact, however, was kept for a long time from the knowledge of his friends. About ten years ago, yielding to certain influences, he became a very free drinker, but, by a strong effort of the will, he was enabled to govern his impulses, not, however, before he had experienced some very decided symptoms of delirium tremens. The resolution to eschew drink was faithfully kept from that time until his death. Some years previously he suffered the loss of a large amount of property, and through the severe struggle which he then passed he exhibited no ordinary qualities of mind. Of late he had become the subject of great prosperity, and was making money very fast. The close application to business pursuits in one with such an excitable temperament as he was known to possess, caused great anxiety among his friends, lest he should be unable to sustain the severe mental exertion which he subjected himself to. On the Friday afternoon preceding the meeting, the patient called on Dr. Elliot in an alarming state of excitability, and after making some statements to him in reference to a large sum of money he had made that day, sought advice as to his physical condition. Dr. Elliot being very apprehensive of the condition of his friend, made a very careful examination; the pulse was 80 and perfectly normal as to the character of its beat, etc., and there was not a single symptom of disease of any part of the body; nothing wrong could be discovered about

him save this extreme nervous excitability. This being the case, an anodyne of codeine was administered, with the hope that in the morning he would perhaps awake from the sleep calmed and refreshed. Up to one A.M., about a grain and a half of codeine had been taken, and sleep was procured. On Saturday morning the exaltation still continued, but this as on the day previous was the only symptom of disease present. He was enabled to sleep some during the day, and remained all the time quietly in bed. It having been discovered that the statements which he had lately been making in reference to his pecuniary successes were untrue, the suspicion of insanity was raised, and, at the suggestion of Dr. Elliot, Dr. Brown of Bloomingdale Asylum was sent for. Under the influence of codeine the patient passed the second night comfortably. His urinary secretion amounted to diuresis, but it was impossible to obtain any for examination. His bowels were perfectly free. On Sunday morning early Dr. Elliot was called on by the patient, who stated that he felt remarkably well, that he had had a very comfortable night's rest, and that he thought he was well again. During the conversation which followed the gentleman gave unmistakable evidences of insanity, and Dr. Elliot returned with him home, and watched with him until noon, when Dr. Brown arrived in town. It was the opinion of Dr. Brown that the patient's mania required restraint. The patient, believing he was watched, had then commenced to be threatening, but no time was lost in going through the necessary legal processes to get him into the Flushing Lunatic Asylum. The morning after he was confined in the asylum he slipped out of the window, and doubling upon his pursuers took refuge in the office of a lawyer friend, who held him until four o'clock in the afternoon. He was then returned to the asylum. The patient died the following night, or rather Monday morning, in a single convulsion. Death took place by apnoea, respiration ceasing before the heart ceased to beat.

The autopsy was made by Dr. Swift, in presence of Drs. Flint, Peters, Echeverria, and Elliot. There were no adhesions on either side of the chest. The lungs were well developed, moderately congested, and free from all tubercular deposit. The pericardium was natural. The heart was smaller than usual, and the seat of fatty degeneration. The append. epiploic. were also unusually full of fat. The cardiac valves were normal, and there was a small coagulum in the cavity of the right ventricle. The stomach was not opened. The bladder contained a small amount of urine, which unfortunately was not preserved for examination. The kidneys were normal in size, but markedly congested. The covering of the left kidney being peeled off, brought away with it portions of cortical substance.

DR. SANDS, at the request of Dr. Elliot, then gave the results of the microscopical examination of the heart and kidneys. The heart was found to be the seat of extensive fatty degeneration, more than half the fibres being the seat of the deposit. The cortical portion of the kidney was very largely granular, most of the granules being composed of fat. The tubuli uriniferi varied in size, but most of them were increased in their normal diameter. There were also present in considerable quantity mucous copical cysts. Besides this the unusual appearance was presented of the field studded with casts, identical with those observed in the urine of Bright's disease.

The brain was examined by Dr. Echeverria, who gave the following results:—Skull not thickened; the dura mater, somewhat congested, is free from adhesions to the bones and from any abnormal growth. On its removal the arachnoid appeared uniformly distended, although the cerebral fluid was not very much augmented. There were in the cavity of the membrane white patches, thicker over the anterior part of the cerebral lobes near the median fissure. The cerebral tissue and the arachnoid were intimately united by the capillary vessels, especially over the anterior part of the cerebral lobes, where it was impossible to detach the membranes without tearing away the brain.

Convolutions strongly marked, and rather softened, notwithstanding the time the body was kept in ice (twenty-four hours). By slicing the brain laterally the cortical substance was found of a deeper discoloration, and a general fructiform injection all over the centrum ovale. The surface of the cut always appeared moist, and nowhere exhibited any extravasation of blood. The white substance was evidently softened in the corpus callosum.

The posterior corner of the left ventricle contained a small quantity of bloody liquid, which filled nearly the right one; there was, however, in either of them, no coagulum, nor any other change than a congestion of the choroid plexuses. In the optic thalami, the corpora striata, and the cerebellum, the white and grey substances exhibited the appearance already noticed, but in the latter the discoloration of the cortical substance was deeper.

The congestion of the meninges is considerable over the oblong medulla, but there are no patches in the cavity of the arachnoid, firmly united to the organ by large capillary vessels.

A section on the median line of the medulla oblongata shows the grey matter highly congested, and of a reddish tint, without any effusion of blood.

Microscopical examination Nov. 26th, ten hours after post-mortem examination.

In the patches of the arachnoid the capillaries are dilated and varicose in several parts of their length, and surrounded with a granular amorphous matter. The coats of the vessels are likewise granular. There are very few fatty granulations, and no inflammatory capsules. Acetic acid renders the amorphous matter more transparent, and ether collects together in globules the fatty granulations.

The tissue of the corpus callosum, soft and pulpy, is seen under the microscope, abundant with granular amorphous matter; the capillaries, although increased, are not dilated. Several blood corpuscles, with an irregular outline, and a few fatty granulations, as also the nerve fibrils, with their ordinary appearance, form the rest of the preparation, in which, again, there is no inflammatory corpuscle.

The cortical substance of the brain is considerably augmented, both in vascularity and amorphous matter. In the tubercular quadrigemina the dilatation and varicosity of the blood-vessels is so distinct that it may clearly be seen with the naked eye. In the cerebellum the grey matter presents, besides the above changes, a greater quantity than the normal of myelocytes.

The cerebral white substance offers a similar alteration: great abundance of capillaries and of granular amorphous matter, irregular blood corpuscles, extravasated in the preparation, normal nerve fibrils, and no cells of inflammation.

In the oblong medulla the blood-vessels of the grey matter are considerably augmented, more so than in the brain, and besides dilated and varicose; the granular exudation is also greater, seeming to be of an albuminous nature, and containing a few oil globules. Two ganglionic cells, one of them bipolar, found in the preparations, were very granular, and more than normally charged with pigment. The fibrils proceeding from them were likewise granular. The white, less congested than the grey substance of the medulla, exhibited an alteration like to that of the brain.

The apparent nerve roots of the pneumogastric, the glosso-pharyngeal, the fifth and six pairs, did not present any abnormal alteration.

M. CUZENT has read a note to the Academy of Sciences, entitled, Poisoning by Oysters taken on a Bank near a Copper Mine; and Demonstration of the Presence of the Copper in these Molluscs. The oysters in question, he says, came from England; and were taken near Falmouth in the neighborhood of a copper mine. These animals have occasioned, he adds, some symptoms of poisoning.—*Brit. Med. Jour.*

FOREIGN CORRESPONDENCE.

LETTER XXXII.

By PROF. CHARLES A. LEE.

FLORENCE, Oct. 28, 1862.

THE autumn thus far has been one of the finest I have ever known. The sky has been cloudless, the sun has risen in splendor and set in glory. At Vienna the weather has become quite cool, and even frosty as early as the fifth of this month; but at Venice I found the climate warm, sultry, and even oppressive. A friend arriving at Vienna on the tenth of October, from St. Petersburg, found snow in many places quite deep, covering the ground for more than half the distance, while thick ice had formed, and the earth was frozen to a considerable depth. Here the foliage is mostly green, and the weather uncomfortably warm. There are many Americans here, and the city swarms with English tourists on their way from Switzerland. I was very glad to meet my friends Dr. Gould and lady, of New York, who have been residing in Rome for some years past. Mrs. G. was the only daughter of the late Dr. Bliss, of our city, and inherits all her father's virtues. I am happy to find that her pulmonary symptoms, which caused her physicians to advise a change of climate, have, under the genial influence of Italian skies, entirely subsided. Dr. G. has acquired a very respectable practice in the city of Rome, and is the only American practitioner there.

In travelling in this country one is constantly impressed with the truth of Alfieri's aphorism, that, "in Italy nature has always proved stronger than all the evil powers at work to corrupt her." Since the creation of the new Italian empire under Victor Emmanuel the people have begun to emerge from that state of torpor, vice, ignorance, and degradation which long religious and political misrule inevitably creates; but it will be a long time before the land can be regenerated, and the symptoms of degeneracy disappear; vagrancy, beggary, and petty pilfering are still Italian institutions, and always will be, until priestly influence is either destroyed or changed into a different channel. No one can charge me with prejudice on this point, for I have none whatever; but I risk nothing in saying that the priests have at all times fostered mendicancy throughout the Catholic world, as if fearful lest charity should come to an end with the cessation of proper objects on which to exercise it. Indeed, there are extensive fraternities who openly countenance and practise idleness, and make beggary synonymous with holiness. Many of these establishments have been very wisely broken up, and their buildings converted into hospitals, and other public uses—still the orders exist, and the practice of beggary still goes on. Both in Italy as well as in France the marks of a general physical decline are very manifest. I know not whether the population be declining here in number, as the last census of France showed it to be in that country, but there is no doubt of the fact; others may trace it to a variety of political, economical, moral, and domestic sources; I think, however, that very little observation will satisfy the medical man that the causes are rather to be sought for in bad and insufficient food, scarce fuel, scanty winter clothing, impure air, and suffering of every description, aggravated in this country, at least, by lazy, indolent, self-indulgent habits, and all the loathsome vices of a decrepit civilization. It is a truth in animal no less than in political economy, that "the wages of sin is death." It is not only the rabble of these Italian cities that exhibit these symptoms of degeneration and decay, but the great mass of the laboring peasantry appear puny and under size, and at forty exhibit all the marks of premature old age. Statistical inquiries show that the mortality of the large cities in Italy, such as Turin, Bologna, Rome, Naples, etc., far exceeds that of London or Paris, while the average duration of life of the laborers in the rice plantations of Piedmont, etc., does not exceed thirty years; and even the old cities of Novara, Vercelli, Mortara, etc., suffer severely from the vicinity of the

pestilential fields. It is true that some measures have been taken to lessen the evil by limiting the cultivation of rice to certain districts, fixing the maximum of land to be employed for this purpose by each proprietor, and removing it as far as possible from crowded habitations. It is alleged by some that the low flats where rice is cultivated have always been, and ever will be marshy and swampy, and that the alternative lies between rice-grounds and unreclaimed quagmires; that not only is the unwholesomeness of the territory by no means to be ascribed to the cultivation of rice, but that it is to some extent kept under control by that very system of cultivation; the only means of turning the lands to the best advantage being in fact also the sole means of subjecting the unavoidable malaria to certain rules, and keeping it within certain bounds. Whether these arguments are sound or not I shall not undertake to decide, but it is very certain that no love of gain should ever interfere with those considerations for the preservation of human life, and those measures concerning the public health, which ought always to be the paramount object of all legislation.

The Italians have never been very celebrated for cleanliness, either as regards their habitations or their persons. The streets of their large cities are kept in a better condition than I had expected to find them; but still, owing to bad sewerage, or none at all, they abound in all kinds of unwholesome smells, not less numerous or pungent than those of Cologne; and even their "Grand Hotel de New York," fronting on the Arno, and frequented by hosts of English and American travellers, is not wholly exempt from criticism on this score. This, like most other Italian cities, is very flat, and drainage exceedingly difficult: under these circumstances we can hardly expect an atmosphere of very great purity. Another fact worthy of notice in this connexion is, that the old houses have no water-closets nor privies, and the only resort is, therefore, the public street. This nuisance pervades all the cities of Italy, and it is strange that there are no municipal regulations whatever to remove the evil. Even this fair city of Florence, which is regarded by many as the gem of Italy and the beauty of the whole earth, is polluted in its very palaces and churches by abominations that reek to heaven, and cause Hygieia to hide her head for very shame. Were I a citizen, I would be willing to compromise in the exchange of a few score of the second-rate paintings in the public galleries for clean streets and a pure unscented atmosphere. The "yellow Arno," alias the muddy river, would possess tenfold more beauty in my eyes, if it could only carry to the ocean the superabundant filth which now accumulates in, and pollutes the precincts of the city and its environs. However *aesthetic* the Italians may be in their intellectual and moral tastes, I am certain they labor under a very imperfect development of the olfactory nerves; and this is very remarkable, considering that their auditory apparatus is adapted to the appreciation of the finest sounds and the most delicate vibrations. It may be that, as in the case of the blind, the over-cultivation of one sense has quite obliterated the other.

It is a singular fact that men in this region, when they reach about the age of thirty-five or forty, though apparently in good health and the perfect possession of their faculties, often exhibit the marks of old age. Fat seems to be their great enemy—the result, doubtless, of their indolent sedentary habits and unwholesome diet, to say nothing of the sensuality for which they have always been distinguished. This flabby and torpid obesity, which characterizes nearly the whole nation at that period of life, is generally attributed to the enervating effects of the climate, instead of any violation of the laws of health, as it undoubtedly is. When we see men below the middle age so fat and corpulent as hardly to be able to walk about, or even waddle along the streets, it may be very convenient and satisfactory to lay it all to the climate, but I am inclined to attribute it to causes not quite so complimentary and exonerating. But a still more remarkable fact is, that bilious and

phlegmatic as the Italians are by nature or habit, they imagine they are always laboring under the inconveniences of a sanguine temperament, and are therefore ever in bodily fear of a *colpo di sangue*, or blood-stroke, and fear no ills except such as arise from excess of blood; and I am sorry to find their physicians generally humoring those notions, and consequently for ever bleeding, leeching, and cupping them; it would seem for the very purpose of ridding them of that excess of health which troubles them so much. In spring, I am told, there is universal bleeding, as there used to be with us; there is bleeding after a fright, or any sudden or violent emotion, such as falling down stairs, or falling in love; the lancet is a panacea for moral no less than physical infirmities, and for every pound of good blood lost, cold stagnant lymph, such as we might expect to be generated from macaroni, turnips, and cauliflowers, is gradually substituted in its place. I am informed, also, that in most cases of fever, inflammation, and even consumption, the veins are drained to the last drop; the physician contending to the last that the patient is being choked or drowned in his own blood. So it was with the late Count Cavour; so it was with King Victor Emmanuel's brother, the late Duke of Genoa, who, while dying of slow decline, perished in the act of the ninth bloodletting within two days.

This bilio-lymphatic temperament of the Italian, which so early disables the body, is equally injurious to the tone of the mind. There really is something morbid and distempored in the organization of an Italian, which renders him excessively sensitive and demonstrative. We see it in his want of self-reliance, and his constant craving for sympathy. If we find now and then a Dante or an Alfieri, we meet with crowds of men like Petrarch, Tasso, Metastasio, and Pellico—soft, effeminate beings, who are always blubbering and bemoaning their hard lot. The same causes produced the same results in Byron, who was for ever dwelling upon his sorrows, and thrusting his private griefs before the public gaze; adequate systematic exercise, and regular temperate habits, would not only have warded off corpulence and been an antidote to obesity, but would have saved the world many a dismal croaking. But Italy is not the only country where development is given to the nerves at the expense of the muscles, nor where the whole system of education is wrong from beginning to end. The mischief begins here in the cradle, where infants are still all but smothered in their old-fashioned swaddling-clothes—a fatal and barbarous custom, which fills the Italian cities and towns with crippled, bandy-legged, and deformed persons. Children of the better classes are generally sent out to nurse, and if they survive they are brought back to the pampering luxury and indulgence of their parents' homes. Besides keeping late hours, and partaking, even to surfeit, of the fare of grown-up people, they are humored in all their whims and fancies, glutted with sweets, wines, liqueurs, and all kinds of stimulants, and the ruin of their constitution keeps pace with the ruin of their tempers. I have heard it remarked that, although you may meet handsome men and women in Italy, you rarely see a beautiful child—at least none of that rosy loveliness that prompted the famous pun of old Pope Gregory, about "Angles and Angels." My experience, thus far, confirms the truth of the remark, for I have seen few if any, as yet, but yellow and green, pale, puny, peevish, "knowing" creatures, too small in size, yet too old in face for their size. So far as I have yet observed, there is very little attention paid in Italy to physical education. Playgrounds are deemed wholly unnecessary in connexion with educational establishments, whether male or female; and I doubt whether such a thing as a gymnasium was ever heard of in this country, until within a few years past. There is often great precocity of growth and development, but instead of being the effect of climate, as generally supposed, it is in reality the result of improvident, unwholesome training. The intellect sometimes seems to derive apparent benefit from this unnatural development of the sensitive organs; but if "a sound

mind in a sound body" be desirable, then the whole system of training is faulty, for it creates too great a disproportion between the mental and physical powers. The Italians are no sportsmen, nor can they be induced to engage in those athletic games in which Englishmen and Americans so much delight; and here again the climate comes in as a satisfactory explanation.

These general remarks will, of course, be received with all needful indulgence. I am comparatively a stranger here, and am liable to error; but for all the statements above made I am supported either by my own observation or the authority of intelligent, well-informed Italians. In regard to bleeding, however, I am satisfied no general statement would be safe as regards the frequency with which it is resorted to in what is called the Italian kingdom. We must recollect that there is yet no union, not even political, and that very widely different modes of thinking and of practice prevail in the different provinces, and even among physicians in the same province. There are also different schools of medicine, each of which has its advocates and its disciples. Tommasini and Rasori are yet influential names, and have their followers who believe implicitly in the depletory methods of treatment. So also Brown yet lives here, and his system of stimulation has numerous and powerful advocates. "The School of Bologna," so called, is yet influential in many parts of Italy, and its disciples freely use the lancet, and eschew stimulants. In point of fact, bleeding is rarely practised in Tuscany or in the Neapolitan provinces, while in Piedmont and Lombardy venesection and leeching are the great remedies in almost all diseases. In Tuscany, I am told, the faculty have no faith in medicines proper, while in Naples, Lombardy, and Piedmont, they trust them implicitly, and even believe in specifics.

In my next I will give some notice of the hospitals and museums of this city.

American Medical Times.

SATURDAY, MAY 2, 1868.

SPECIALISTS IN MEDICINE.

THE Commissioners of Charities and Corrections of this city have addressed a communication to the Medical Board of Bellevue Hospital inquiring as to the propriety of establishing specialties in that hospital, instancing diseases of the eye, the ear, the nervous system, and skin diseases. They inquire also as to the propriety of introducing other specialties. The inference would seem to be that the diseases in the hospital might be classified according to the modern views of specialists, by arranging a large number of subdivisions.

The questions proposed to the Medical Board by the Commissioners bring prominently before the profession the much agitated subject of specialties in practical medicine. We trust it will receive the dispassionate consideration of that body, for on its decision will depend, to a certain extent, the initiative movements of specialism in this country. It should also receive, in a wider and more general sense, the earnest attention of the profession at large, and such policy should be adopted for the encouragement or discouragement of these special studies as will best promote the interests of medicine.

The tendency of the age is undoubtedly to the division of labor. We see it in all the mechanic arts and in every department of human labor and thought. It grows out of

the limited powers of the human body and mind, and the constant expansion of every branch of science and of every department of industry. Not all minds can grasp the widely varying facts in any one of the generally recognised divisions of the sciences, much less become profoundly conversant with them. Neither can the artisan become proficient in many branches of the same business. He who is recognised as a "Jack at all trades" cannot excel in any one art, though he may be a most useful person by his general knowledge.

Medicine, as a science and an art, has not escaped this tendency to the division of labor. The three grand divisions, practical medicine, surgery, and obstetrics, have long been recognised and adopted. They very naturally grow out of fundamental differences in methods of treatment of diseases. Surgical affections require, for the most part, entirely different remedial agents from medical diseases; and the practice of obstetrics differs equally from both in the appliances of art. In the progress of the medical sciences many of the classes of diseases embraced in these several grand divisions have become objects of special study, as the diseases of the eye and ear in surgery, of the heart and lungs in medicine, and of the uterus in obstetrics. These divisions have gradually become more and more numerous, until surgery, medicine, and obstetrics are little else than an agglomeration of specialties. The necessity of pursuing the study and subsequent practice of a specialty in order to success, is beginning to possess the minds of young medical men. They are stimulated by the examples of men who have won reputation and fortune by devotion to a specialty. It is time that this subject was thoroughly discussed in all its bearings, that the younger members of the profession may have correct views of the advantages or disadvantages of pursuing a specialty.

The arguments generally brought forward by the advocates of specialties in medicine are, as we have already intimated, those which apply to a division of labor in any other department of business. And they have great plausibility. To surpass all contemporary laborers in any special pursuit requires the undivided efforts of every ordinary mind. But we are not prepared to accept this reasoning in an unqualified sense. As a general fact we must aver that the man whose knowledge in business takes the widest range has the best basis for success. This fact is eminently true in medicine. The general surgeon, physician, or obstetrician, will prove a better practitioner in any particular disease than the specialist. The most successful surgeon is the man who has also a thorough knowledge of practical medicine. The relations of diseases are intimate, often obscure, and frequently all-controlling. The practitioner who fails to detect these relations will certainly not be a good practitioner, whatever may be his pecuniary success. He will treat diseases in his specialty from the most narrow stand-point, and too frequently fail to comprehend those remote agencies and widely extended sympathies which most seriously modify their progress. These peculiarities the general practitioner anticipates and readily recognises, and promptly meets every manifestation with proper remedies.

It has been remarked by an accurate observer of the progressive changes in the medical profession, that the older practitioners often much excel the younger in the treatment of disease, because they take a much wider range of symptoms, and do not narrow their view to single

organs and individual diseases. There is much truth in the remark. The recent graduate has his mind pre-occupied with scholastic divisions and subdivisions of diseases of individual parts, and in his analysis he becomes more and more restricted, until the attention is fixed upon a limited, perhaps an insignificant part of the subject under investigation. The same is true of the pure specialist, as the term is now employed. In general he is necessarily a poor practitioner, and though he may more correctly interpret the signs of pathological changes than others who have studied the special forms of disease less minutely, he will show but little skill in employing remedies. If we contrast also the usefulness and the rank in the profession of the general practitioner with that of the specialist, we shall see clearly that the studies of the former tend much more to enlarge the mind, to strengthen its grasp, and increase its powers of correct analysis.

We shall not pursue this subject further at this time. We are glad that it has been presented to the Medical Board of one of the largest hospitals of the country, and we await its decision with great interest. If any hospital is susceptible of easy classification of the diseases of the inmates, Bellevue may be taken as better adapted than any other; and it is proper that the experiment should be first attempted within its walls.

THE WEEK.

We cannot forbear calling attention to the recent reports in the *MEDICAL TIMES* of the successful treatment of gunshot fractures of the thigh by conservative means. The report of twelve cases by DR. WATERS, and the additional reports of DRS. HODGEN and DARE in the present number, deserve the most serious consideration of every army surgeon. The evidences against amputation where nerves and blood-vessels escape injury, as remarked by DR. HODGEN, and in favor of preserving the limb, are rapidly accumulating. It is one of the most interesting and important points in military surgery, and we hope to see the proper treatment permanently settled by our surgeons.

The exaggerated reports of sickness in the army of GEN. GRANT are copied into the London *Lancet* from the correspondence of an Iowa paper. If such terrible sickness and mortality are taken as an index of the condition of our armies, the speedy failure of the Union Cause will be still more evident to every English reader. But we have assurances from the most reliable sources that these reports are the grossest and most unfounded exaggerations. GEN. GRANT has himself contradicted the reports, and MR. FREDERICK LAW OLMPSTED, Secretary of the Sanitary Commission, who visited this army at the time alluded to, also states in the most positive manner that the Army of the Mississippi was in a fair condition of health.

The suggestions of MEDICUS in regard to a notice in the City Directory of the office hours of physicians are worthy of the attention of the profession. It would be a great saving of time to both physician and patient if the office hours of the former could be ascertained before applying for treatment. It would be still better if the profession of the city and country had its own Directory, with all necessary details, as location, school of graduation, etc., etc. But we have little hope of the success of such an enterprise

since the failure of the late DR. TUCKER's effort to publish a Medical Directory for this city. His efforts failed through the disgraceful penuriousness of the profession. Many subscribed for copies of the work, the price of which was but *fifty cents*, and then refused to pay for it when delivered to them. And yet the work was the result of a year's labor of a most competent physician, and abounded with the most useful local medical statistics. It was the design of DR. TUCKER to make an annual publication, illustrated with engravings, had he met with any encouragement. But a large portion of the edition remained unsold, though subscribed for. There is little prospect of any similar publications succeeding.

Correspondence.

THE LUNACY COMMISSION BILL.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Dr. Chapin, of Brigham Hall, Canandaigua, remarks in a letter addressed to you, that the Bill of 1861 for the creation of a commission in lunacy, while it contained many excellent provisions, embraced however some that were objectionable, or at least calculated to arouse opposition and defeat the great object contemplated in the existence of such commission—namely, *The relief of unheard sufferings of our insane!* Considering the importance of the bill, the difficulties mentioned by Dr. Chapin are perhaps not so great as to prevent its adoption; and, although I have not been able to procure the text of the bill, I venture to present you the following reflections.

Relating to the actual manner of *procedure* in the criminal cases in which either sanity or insanity are doubted, there is no reason why trial by jury should be avoided; let it be the grand jury or a court, if a board of experts (supposing the commission of lunacy) receives the mission to report on a case, there is no *intrusion* of such board in the decision of judges or juries; their report is but an evidence in the case. From what I perceive, I fear there exists some misunderstanding or *qui pro quo* about medical and judicial functions. For instance, I heard the honorable Judge Barnard in a charge to a jury try to give a medico-psychological lecture to a jury; the Honorable Judge Manierre has tried the same thing at Chicago, with, it appears, some more success. But, really, is that the duty of judges? Now, when physicians are consulted on medical points, could they not also leave to judges and juries to appreciate the facts, and see whether these facts carry responsibility or not? It is certainly as out of order to see a physician assuming duties which do not belong to him, as it is to hear a judge defining the kinds and degrees of mental disturbances which should, in his opinion, be sufficient to excuse or aggravate the commission of crime. In a paper printed in one of the last numbers of the *American Monthly* of Dr. Douglass, I have tried to mark the differences existing between a *legal diagnosis of crime* and the *medical diagnosis of insanity*; let me add now, sir, that the opposition which may exist between two liberal professions is more apparent than real; the gentlemen of the bar and the bench would not punish the insane poor for our very little quarrel with them. If there is sometimes amongst us a slight opposition in a court, it does not exceed the *necessity of the case*, and this latter being over, lawyers and physicians resume their mutual friendship and benevolence.

Respecting the second difficulty, I am not aware of the obstacles that the bill of 1861 threw in the way to admission of patients in private asylums: but, sir, you have, in your editorial of the 7th March, of this year, related that a physician in England was heavily fined for mistaking a case in granting a certificate and *committing* a sane person

to an asylum. Now, two points are to be considered: first, if we describe accurately all the symptoms observed, both mental and corporeal, our duty is accomplished. Secondly, our conclusions, whether for or against the commitment to an asylum, are submitted to the judicial or civil authority for a decision; then the judicial officers have a right to reject our evidence and take that of another physician, if convenient; the County Judge of an asylum has the same right; the foreigner may be a Canadian or a European, the fact of his insanity is not altered; the judge of the county in which a man becomes insane, or into which he is brought, is competent to decide the case; he requires the report of two physicians, *known to him*, and the ends of justice are thus accomplished.

In spite of these reflections on the letter of Dr. Chapin, I beg to state that I fully appreciate the motives which have prompted the fears of our distinguished colleague.

Yours, etc.,

I. PARIGOT, M.D.

April 20, 1868.

IMPROVEMENT IN THE CITY DIRECTORY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—As the time approaches for the issue of a new City Directory, I venture to make a suggestion through the medium of your columns to the profession in the city, viz. to adopt the custom very general in European cities of inserting the office hours with the name. As thus:—

A. B., physician, 8 A.M. to 10 A.M.

C. D., physician, } 7 A.M. to 9 A.M.
 } 3 P.M. to 5 P.M.

The publisher of the Directory would probably charge a small sum, say twenty-five or fifty cents, for the additional insertion. The convenience of such a plan must be obvious. A physician wishes to send a note and get an answer, or make an appointment with a brother practitioner, or send a patient for an opinion; he thus knows the hour to send, and much time and trouble are saved to both parties. Every respectable druggist keeps a directory in his shop, so that it is accessible to all of the profession who do not themselves keep it.

Again, we frequently lose calls from our professional brethren from out of town, who find our city distances long from the hotels where they happen to be stopping, and after travelling to our residences are disappointed in not finding us at home.

MEDICUS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I am strongly gratified to observe in the report of an accurate examiner (J. J. Woodward, Assist. Surg. U.S.A.), in part published in the MEDICAL TIMES, that the unfounded supposition of any form of parasitic or fungoid life or growth being the cause of gangrene is finally rejected. At a comparatively early period of my investigation into the phenomena and causes of the "gangrene" I saw at the Marine Hospital, New Orleans, I had concluded there was no ground in fact for this supposition, and have, in a report on gangrene, now in the hands of the Secretary of the N. Y. State Medical Society, adduced many facts in proof that no foreign organism or fungoid growth can cause that destruction of the tissues which constitutes gangrene, but that, on the contrary, where these organisms exist and increase, as parasites on the animal body, their influence or effect is to *increase* the functional activity of the part they abide on.

I think we may congratulate ourselves that *some knowledge* of the nature of this terrible disease is taking the place of the previous infantile notion respecting its causes. Moreover, I was already convinced that the finding of parasitic forms in the seat of such destruction of the tissues would not prove them to have been the cause (*i.e.* physical antecedent) of it, but on the contrary would prove that

they arose as a *consequence* of it, which furnished a nidus for their rise and development.

In the report alluded to I have hinted what I regard as the rationale of the disease, so far as my present knowledge of the phenomena and a correct insight into them would justify, and I hope eventually to present a more complete view, so far as future experience and analysis of facts will extend my present understanding of its actual causes.

Yours, etc.,

RUFUS KING BROWNE, M.D.

THE SUPPLY TABLE.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I think you ought to explain your criticism on Dr. Otterson's article on Camp Diseases, etc., in the number of April 11th, by stating the fact that, when that article was written, the *new* supply table, Oct. 20, 1862, had not reached him (then with Gen. Curtis in S. W. Missouri), and at that time the statement he there makes was true. As regards the iron preparations which you speak of in the *new* table, while he was writing from the *old*, please note this, for I cannot think you desire to do injustice to a faithful and efficient public servant and an excellent medical officer, who only has his whole heart in the welfare of his command, and a deep interest in everything that pertains to the efficiency of his profession.

M.D.

Army Medical Intelligence.

SPECIAL ORDERS, No. 70.

HEADQUARTERS, 16TH ARMY CORPS,
MEMPHIS, TENN., April 14, 1868.

1. Contract Surgeon Cullen, heretofore assigned to the Small-Pox Hospital, having through cowardice and personal fear refused to perform the duties to which he has been assigned, and thus proved himself a disgrace to an honorable profession, and useless to the public service, is dishonorably discharged the service of the United States, with loss of all pay and emoluments. Surgeon R. J. D. Irwin, U.S.A., will endorse this order on his contract, and annul the same, reporting his action to the Surgeon-General.

By order of Major-General S. A. Hurlbut,
(signed) H. BOSMORF,
Asst. Adj. General.

Official.

B. J. D. IRWIN,
Surgeon, U.S.A., Supt. of Hospitals

SPECIAL ORDERS, No. 182.

WAR DEPARTMENT, ADJ. GEN'L'S OFFICE,
WASHINGTON, April 21, 1868.

4. Assistant Surgeon E. M. Jones, 2d Rhode Island Vols., is hereby discharged the service for incompetency, as recommended by a Board of Examination.

9. Hospital Steward Myron W. Robinson, U.S.A., is hereby honorably discharged the service of the United States, to enable him to accept the position of Assistant Surgeon, 6th Connecticut Vols.

12. The following assignments are made of Medical Officers:

Surgeon J. Owen, U.S.V., recently restored, to report for duty to Brigadier-General Carleton, commanding Department of New Mexico.

Surgeon James Fisher, U.S.V., now on duty in this Department, where his services are no longer required, to report to Major-General Banks, commanding Department of the Gulf.

Assistant Surgeon Thomas H. Kidgely, U.S.A., now on duty as Medical Purveyor at Frederick, Md., where his services are not needed any longer, to report in person to Major-General Grant, commanding Department of the Tennessee, and by letter to the Assistant Surgeon-General at St. Louis, Mo.

Surgeon S. S. Mulford, U.S.V., just promoted, to relieve Surgeon T. M. Getty, U.S.A., as Medical Director, 4th Army Corps, Yorktown, Va.

Surgeon T. M. Getty, U.S.A., to relieve Surgeon H. E. Wirtz, U.S.A., as Medical Director of the Department of the Northwest.

Surgeon H. E. Wirtz, U.S.A., to relieve Surgeon Charles H. Crane, U.S.A., as Medical Director of the Department of the South, inasmuch as Surgeon Crane has been on continuous duty in that Department for nearly two years.

Surgeon M. Goldsmith, U.S.V., on duty in Louisville, Ky., to report by letter to the Surgeon-General for special duty connected with the Medical Department in that vicinity.

Assistant Surgeon William E. Whitehead, U.S.A., recently appointed, to proceed to St. Louis, and report for duty to Assistant Surgeon-General R. C. Wood, U.S.A.

By order of the Secretary of War,

E. D. TOWNSEND,
Assistant Adjutant-General.

Surgeon Isaac Wixam, 16th Michigan Vols., having been tried by Court-Martial, and found guilty of "misapplication of provisions and other stores belonging to the United States," has been sentenced at his own expense to make good the loss of the United States, which the Court finds to be of the amount of one hundred and fifty dollars, and to forfeit to the United States all pay and emoluments now due him, and to be dismissed the service of the United States.

Leave of absence for thirty days has been granted to Assistant Surgeon N. Nickerson, 16th Connecticut Vols., on Surgeon's certificate of disability.

Surgeon A. M. Leonard and Assistant Surgeon D. W. Onderdonk, 151st New York Vols., have been discharged the service for incapacity, as reported by a Board of Examiners, instituted by special Orders 93, current series, 8th Army Corps.

Surgeon Lincoln R. Stone, 2d Massachusetts Vols., has been honorably discharged the service of the United States, to enable him to accept a position in the 54th Massachusetts Vols.

Surgeon Thomas O. Osborne, 26th New Jersey Vols., has been mustered out of service for incompetency.

Surgeon C. M. Carleton, 16th Connecticut Vols., has been discharged the service on Surgeon's certificate of disability.

Leave of absence for thirty days has been granted to Surgeon J. P. Colgan, 59th New York Vols., and to Assistant Surgeon A. House, 14th New York Vols.

Leave of absence has been granted to Acting Assistant Surgeons S. Sprague, for fifteen days, A. F. Stanley, for ten days, and F. Hinkle, for seven days.

Drs. Harvey E. Brown of New York, J. T. Calhoun of New Jersey, E. J. Darken of Connecticut, and W. E. Whitehead of Pennsylvania, have been appointed Assistant Surgeons in the regular army.

Assistant Surgeon G. S. Little, 97th New York Vols., has been dismissed the service by sentence of Court-Martial, for conduct unbecoming an officer and gentleman, and for striking a superior officer while in the discharge of his duty.

Assistant Surgeons S. D. Carpenter, A. F. Sheldon, G. L. Sutton, E. J. Whitney, C. W. Horner, R. J. Lewis, R. S. Kenderline, C. N. Chamberlain, John E. McDonald, Peter Cleary and R. B. Taylor, U.S.V., have been promoted Surgeons of Volunteers.

Assistant Surgeon C. F. Haynes, U.S.V., has been assigned to duty at General Hospital No. 1, Nashville.

Assistant Surgeon E. W. Thurni, U.S.V., has been promoted Surgeon of Volunteers.

Assistant Surgeon Jas. H. Peabody, U.S.V., now at the Virginia Hospital, St. Louis, Mo., has been ordered to report for duty to Assistant Surgeon-General R. C. Wood, U.S.A., at St. Louis.

Surgeon R. M. S. Jackson, U.S.V., to report to Major-General Burnside, commanding Department of the Ohio.

Assistant Surgeon T. G. Fritz, of the 3d Indiana Cavalry, now on duty in the Army of the Potomac, to report to the Medical Director, Department of the Cumberland, for duty with the detached companies of his regiment, attached to the 20th Army Corps.

Assistant Surgeon R. S. Kenderline, U.S.A., has been assigned to duty in charge of the General Hospital, Broad and Prime streets, Philadelphia, Pa., and as Medical Director of Transportation in that city.

Surgeon S. F. Elliott, U.S.V., has been relieved from duty with the 9th Maine Vols., and has been ordered to establish a camp hospital at Hilton Head, S. C.

Assistant Surgeon Franklin Grube, U.S.V., is on duty with the Batteries of the 3d Division, 6th Army Corps.

Surgeon Horace Wardner, U.S.V., has been assigned to duty as Assistant to the Medical Director, Department of the Tennessee, and Inspector of Camps, Hospitals, and Transports.

Surgeon D. G. Rush, 101st Pennsylvania Vols., has declined the appointment of Assistant Surgeon of United States Vols.

Surgeon E. B. Dalton, U.S.V., has reported at Fort Monroe, Va., for duty.

Surgeon E. D. Dalley, U.S.V., has reported to General Schurz as Surgeon-in-Chief of 3d Division, 11th Army Corps.

Surgeon James C. Fisher, U.S.V., has returned from sick leave, and reported to the Medical Director in Washington, for duty.

Surgeon J. G. Hateldt, U.S.V., has been assigned to duty as Medical Director of the District of Eastern Kentucky, Ashland, Ky.

Surgeon J. G. F. Holston, U.S.V., has been assigned to duty as Medical Director, 18th Army Corps, relieving Surgeon J. S. Bobbs, U.S.A.

Surgeon Lewis Dyer, 81st Illinois Vols., has been dismissed the service of the United States with loss of all pay and allowances now due or that may become due him, for accepting money for discharging soldiers on certificates of disability.

Surgeon W. T. Thurston, 1st Rhode Island Artillery, has been honorably discharged the service of the United States on account of disability.

Leave of absence for thirty days has been granted to Surgeon C. H. Lamb, U.S.A., late Medical Director, Department of the Tennessee.

Assistant Surgeon John Trenor, Jr., 2d New York Cavalry, having tendered his resignation, has been honorably discharged the service of the United States to date April 5th, 1868, he having accepted an appointment as Assistant Surgeon United States Vols.

Surgeon W. J. Duffee, U.S.V., has been honorably discharged the service of the United States on account of disability.

Surgeon E. D. Kittoe, U.S.V., has reported for duty as Chief Surgeon 8th Division, 15th Army Corps.

Surgeon D. Stanton, U.S.V., lately in charge of Camp Chase Hospital, has been assigned as Superintendent of Hospitals at Columbus, Ohio, and vicinity.

Surgeon F. H. Gross, U.S.V., has relieved Surgeon William Clendenin, U.S.V., as Medical Director, 14th Army Corps.

Surgeon G. L. Sutton, U.S.V., has relieved Assistant Surgeon W. E. Waters, U.S.A., in charge of the Emory Hospital, Washington, D. C. Dr. Waters is on duty as Acting Medical Inspector in the Department of Washington.

The Academy General Hospital at Newbern, N. C., has been closed, and Surgeon G. A. Cowgill, U.S.V., lately in charge, has been assigned to the Stanley Hospital, same city.

A Medical Board, to consist of Surgeon A. M. Clark, U.S.V., Surgeon

David McKinney, 134th Pennsylvania Vols., and Assistant Surgeon J. S. Billings, U.S.A., has been ordered to convene at the Headquarters 5th Army Corps, on the 11th inst., for the examination of such Medical Officers as may be ordered before it.

Surgeon R. M. S. Jackson, 11th Pennsylvania Vols., and Assistant Surgeon A. C. Benedict, 1st New York Vols., having tendered their resignation, have been honorably discharged the service of the United States.

The muster into service of E. Church, as Surgeon 26th Michigan, of date November 16, 1864, has been revoked, he having entered on duty in that regiment without a proper discharge from his former command, from which he was reported absent without leave, and on the rolls of which he is reported for disobedience of orders.

The resignations of Surgeons Thomas G. Catlin, D. Hayes Agnew, A. C. Bournonville, and W. M. Breed, U.S.V., have been accepted by the President.

Leave of absence for fifteen days has been granted to Surgeon S. S. Mulford, U.S.V.

Medical News.

SENSIBLE ADVICE.—Dr. Miner, editor of the *Buffalo Med. and Surg. Jour.*, addressed the graduates of the Buffalo Medical College as follows: "He desired to do this for the benefit of the young men who are just entering the field of medical knowledge, that they may not neglect the longest lever of professional power, by which alone they may move the medical world. Medical colleges and their professors are a great power, and wield a wide influence, especially over medical students, and thus also over medical men. We are taught by them, however, in our pupilage the established and universally acknowledged principles of medicine, surgery, and the collateral sciences, while in actual practice we consult our written guides; then it is, that those only who write, are those who teach. Standard medical books are also a great power in the profession, but they are also dependent in great degree upon the Periodical Medical Press for both the material of which they are composed, and their adoption by the profession. Again, many physicians do not carefully read the voluminous works in medicine, while it is believed that all are more or less acquainted with periodical medical literature. These suggestions are made that this graduating class may not be unmindful of the importance to them of medical journals. You may be of value to the journals, but the journals are of vastly greater value to you. They are, practically the only available medium of communication with the profession; through them you will learn much of what you will know, and whatever of any professional importance is ever known of you, will be through such medium. Your attention is therefore called to the periodical medical press, as the all-powerful influence in the profession."

DR. HULLIN, in his work on *Medicine and Surgery* lately published, tells how he got rid of a pencil five centimetres long and six millimetres thick from the bladder. He made his patient retain his urine for as long a time as he possibly could; and when he could hold it no longer, to lean over a table, to grasp its edges firmly, make a deep inspiration, and then force out the urine with all his might. On the very first attempt, the pencil flew out to some distance, and without causing any great pain. M. Hullin recommended this plan from a knowledge of a hydrostatic law. When a vessel with a narrowish opening at the bottom is filled with water, and the opening is suddenly set free, the liquid in escaping makes a whirling motion at the opening; in this whirl floating bodies are seized, and turned so that one of their extremities is presented to the opening. The bladder represented the vase in this case. M. Bousquet says that the former M. Sedillot relieved himself in a similar way of several small calculi.—*Brit. Med. Jour.*

PROF. F. H. HAMILTON, now a Medical Inspector in the regular army, was taken prisoner on route from Murfreesboro to Nashville. He was compelled to march on foot fourteen miles with the other prisoners, without rest or food. He was finally allowed to return to Nashville.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 20th day of April to the 27th day of April, 1868.

Deaths.—Men, 126; women, 101; boys, 154; girls, 136; total, 517. Adults 227; children, 290; males, 280; females, 237; colored, 8. Children born of native parents, 52; foreign, 238.

Among the causes of death we notice:—Apoplexy, 11; infantile convulsions, 43; croup, 13; diphtheria, 23; scarlet fever, 24; typhus and typhoid fevers, 21; consumption, 74; small-pox, 0; measles, 9; dropsy of head, 26; infantile marasmus, 18; cholera infantum, 1; inflammation of brain, 23; of bowels, 11; of lungs, 39; bronchitis, 9; congestion of brain, 0; of lungs, 0; erysipelas, 4; diarrhoea and dysentery, 8. 268 deaths occurred from acute diseases, and 41 from violent causes. 343 were native, and 174 foreign; of whom 110 came from Ireland; 83 died in the City Charities; of whom 22 were in Bellevue Hospital, and 5 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Exposition Below.	Barometer.	Wind.	Temperature.	Exposition Below.	Barometer.	Wind.	Temperature.	Exposition Below.	Barometer.	Wind.
April 1868												
19th.	45 51	5	30.14	N.	70 10 80.19	S.W.	50 4	30.16	S.W.			
20th.	40 50	4	30.17 N. by W	56 8 80.20	N.	48 5	30.21	N.E.				
21st.	38 38	5	30.33 N.W.	53 8 30.34	N.W.	40 5	30.34	N.E.				
22d.	41 42	6	30.30 N.	60 9 30.30	S.W.	44 6	30.31	S.W.				
23d.	40 41	5	30.20 W.	46 4 30.19	S.E.	40 1	30.00	S.E.				
24th.	39 43	1	29.74 N.E.	49 1 29.74	E.	48 1	29.61	S.E.				
25th.	38 40	3	29.70 N.W.	58 8 29.74	W.	42	29.80	N.W.				

REMARKS.—19th, Clear. 20th, Clear A.M., cloudy P.M. 21st and 22d, Clear. 23d, Clear A.M., storm commenced in the evening. 24th, Storm till about 2 P.M., cloudy evening. 25th, Mostly clear. Fresh winds prevailed on the 20th, 21st, 22d, 24th, and 25th. Rain for the week an inch and a quarter.

SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—A Stated Meeting of this Society will be held at the College of Physicians and Surgeons, corner of 23d Street and Fourth Avenue, on Monday evening next, May 4th, at 8 o'clock. Subjects—*I. The Election of Delegates to the National Medical Association, and the U. S. Sanitary and Quarantine Convention. II. The Discussion of the Identity, or Non-Identity, and Treatment of Typhoid and Typhus Fever, will be continued.*

NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, May 6th, DR. PERCY will conclude his paper on *Veratrum*, by a few remarks on its *Modus Operandi* and the propositions deducible from his researches. After which the Discussion on the paper of DR. J. L. SMITH on *Cyanosis* will be introduced by DR. JACOB, and followed by DRS. H. G. COX, G. T. ELLIOT, BARKER, and others.

The Address of the Secretary of the New Sydenham Society will be, after the first of May next—DR. HEYWOOD, No. 32 West 27th Street, New York.

JUST PUBLISHED.

Bulletin of the New York Academy of Medicine Vol. 1. 1861-62. 8vo. cloth, pp. 558. \$1 50. If to be sent by mail 34c. extra must be remitted. Subscriptions received for Vol. 2, 1863. \$1 00 payable in advance.

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Braithwaite (W. & J.)—Commentary on Midwifery and the Diseases of Women and Children for the last half-year. 12mo. London 1862. 2s. 6d.

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Nouveau Dictionnaire lexicographique et descriptif des Sciences Medicales et Veterinaires, par Deleyme, Bouley, Darnenberg, Mignon et Laury. Royal 8vo. (1468 pages.) Paris. 18fr.

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AMERICAN MEDICAL ASSOCIATION.

OFFICE MEDICAL EXAMINER, CHICAGO, }
February 20, 1868. }

The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1868. Every permanently organized State, County, and Local Medical Society is entitled to send one Delegate for every ten members, and one additional Delegate for a fraction of more than half of that number. Medical Colleges, and Hospitals containing over 100 beds for the sick, are entitled to two Delegates; and all other permanently organized Medical Institutions are entitled to one Delegate each.

The Committee earnestly desire a full attendance from all parts of the country.

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
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
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